

**DPM Letter of Reference Waiver Request**

**Date:**

**Full Name:**

Please respond to the following questions.

|  |
| --- |
| 1. **Please explain why you are unable to shadow a DPM?**
 |
|  |

|  |
| --- |
| 1. **What alternate steps have you taken to learn about the podiatric medicine profession?**
 |
|  |

|  |
| --- |
| 1. **What is your understanding of podiatric medicine and surgery? Please limit your response to a half page.**
 |
|  |